



GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Office of Personnel

Evaluation of Probationer



PART I GENERAL

1. EMPLOYEE'S NAME: Last		First	Middle Initial
2. TITLE	3. GRADE / STEP /	4. PROBATIONARY PERIOD: Beginning Date:	Ending Date:
5. AGENCY NAME (SORTED BY AGENCY CODE)			

PART II EVALUATION FACTORS

- Place a mark next to each rating sub-factor that is pertinent to the position.
- Rate the sub-factors that are pertinent to the position according to the following:
 - A plus sign (+) indicates that the employee is strong in a sub-factor.
 - A check sign (√) indicates that the employee's performance is acceptable in a sub-factor.
 - A minus sign (-) indicates that the employee needs improvement in a sub-factor.
- Determine the ratings for each major factor, as well as their overall performance rating.

FACTORS FOR RATING	3-Month / 1 st Quarter Evaluation Date:	6-Month / 2 nd Quarter Evaluation Date:	9-Month / 3 rd Quarter Evaluation Date:	12-month / 4 th Quarter Evaluation Date †
QUANTITY:				
<input type="checkbox"/> Amount of Work				
<input type="checkbox"/> Completion of Work on Schedule				
QUALITY:				
<input type="checkbox"/> Accuracy				
<input type="checkbox"/> Neatness of Work Product				
<input type="checkbox"/> Thoroughness				
<input type="checkbox"/> Judgment				
<input type="checkbox"/> Oral Expression				
<input type="checkbox"/> Written Expression				
WORK HABITS:				
<input type="checkbox"/> Observance of Work Hours				
<input type="checkbox"/> Attendance				
<input type="checkbox"/> Observance of Rules Including Safety				
<input type="checkbox"/> Economy of Time and Materials				
<input type="checkbox"/> Compliance With Work Instructions				
<input type="checkbox"/> Orderliness of Work				
<input type="checkbox"/> Job Interest				
<input type="checkbox"/> Initiative				
<input type="checkbox"/> Resourcefulness				
PERSONAL RELATIONS:				
<input type="checkbox"/> Cooperation with Co-workers (<i>Internal Customer Service</i>)				
<input type="checkbox"/> Dealing with the Public (<i>External Customer Service</i>)				
<input type="checkbox"/> Personal Habits				
ADAPTABILITY:				
<input type="checkbox"/> Performance in New Situations				
<input type="checkbox"/> Performance in Emergencies				
SUPERVISION AND PLANNING[†] Effectiveness In:				
<input type="checkbox"/> Planning Broad Programs				
<input type="checkbox"/> Adapting Work Program to Broader or Related Programs				
<input type="checkbox"/> Devising Procedures				
<input type="checkbox"/> Laying Out Work Establishing Standard of Performance for Subordinates				
<input type="checkbox"/> Directing Reviewing and Checking Work of Subordinates				
<input type="checkbox"/> Instructing Training and Developing Subordinates in work				
<input type="checkbox"/> Promoting High Morale				
<input type="checkbox"/> Delegating Clearly Defined Authority to Act				
<input type="checkbox"/> Decision-Making Process				
<input type="checkbox"/> Determination and Utilization of Manpower and Materials				
<input type="checkbox"/> Efforts to ensure EEO in all appropriate aspects of Recruitment, Hiring, Training, Promoting, Recognition, etc.				
OTHER (Specify):				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
OVERALL QUARTERLY PERFORMANCE RATING:				

† Fourth quarter evaluations should be conducted before the employee's 50th week of service, so that terminated employees may be given 2-weeks notice.

Complete only in the case of a Career Service employee completing a probationary period upon initial hire as a supervisor.



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PART III RECOMMENDATION

Following each quarterly evaluation, the supervisor shall do the following:

1. Provide the beginning and the ending dates of each quarter.
2. Mark one box to indicate whether the employee should be retained or terminated.
3. Provide appropriate comments.
4. Sign and date the recommendation.

1st QUARTER RECOMMENDATION	Beginning Date: _____, _____	Ending Date: _____, _____
Recommendation:	<input type="checkbox"/> Retain	<input type="checkbox"/> Terminate*
Comments:		
Supervisor's / Rater's Name & Signature	Title	Date

**If checked, submit this form and DCSF 52 to the Agency Human Resource Advisor.*

2nd QUARTER RECOMMENDATION	Beginning Date: _____, _____	Ending Date: _____, _____
Recommendation:	<input type="checkbox"/> Retain	<input type="checkbox"/> Terminate*
Comments:		
Supervisor's / Rater's Name & Signature	Title	Date

**If checked, submit this form and DCSF 52 to the Agency Human Resource Advisor.*

3rd QUARTER RECOMMENDATION	Beginning Date: _____, _____	Ending Date: _____, _____
Recommendation:	<input type="checkbox"/> Retain	<input type="checkbox"/> Terminate*
Comments:		
Supervisor's / Rater's Name & Signature	Title	Date

**If checked, submit this form and DCSF 52 to the Agency Human Resource Advisor.*

4th QUARTER RECOMMENDATION[†]	Beginning Date: _____, _____	Ending Date: _____, _____
Recommendation:	<input type="checkbox"/> Retain	<input type="checkbox"/> Terminate*
Comments:		
Supervisor's / Rater's Name & Signature	Title	Date

[†] Fourth quarter evaluations should be conducted before the employee's 50th week of service, so that terminated employees may be given 2-weeks notice.

**If checked, submit this form and DCSF 52 to the Agency Human Resource Advisor.*